BEST AVAILABLE COPY

							Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									09761670				
		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)			SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			42			RA	Έ	FEE		RATE	FEE		
FOR					BER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			42-minus 20= 2		-2	X\$ 9=		198	OR	X\$18=			
INDEPENDENT CLAIMS			3 mir		X40	X40=		OR	X80=				
MULTIPLE DEPENDENT CLAIM P			RESENT			+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL 553		OR	TOTAL			
CLAIMS AS AMENDED - PART II						011		P. 171737		OTHER			
_		(Column 1)		(Column 2) HIGHEST	(Column 3)	SMA	ALL I	ENTITY	OH I I	SMALL			
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••	=	X\$:	9=		OR	X\$18=			
	Independent		Minus	•••	=	X40)=		OR	X80=			
	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT CLAIM		<u> </u>	+13	5 =		OR	+270=			
							OTAL FEE			TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)												
125	7. 7.	CLAIMS		HIGHEST				ADDI-			ADDI-		
MENDMENT		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	• 42	Minus	" 42	=	X\$	9=		OR	X\$18=			
AME	Independent	- /	Minus	··· 3	= '	X4	0=	1. 1. 1.	OR	X80=			
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDENT CLAIR	M L	+13	5=		OR	+270=			
						T(DTAL		OR	TOTAL ADDIT. FEE			
G	(Column 1) (Column 2) (Column 3)						FEE			A0011.1 EC			
		CLAIMS		HIGHEST		_		ADDI-			ADDI-		
AMENDMENT (ing in a second and the se	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	RA	TE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 37	Minus	42	= 6	X\$	9=		OR	X\$18=			
	Independent	· 3	Minus	3	= 9	X4	0=	·	OR	X80=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	 5=		OR	+270=			
	If the entry in colu	umn 1 is less than	the entry in colu	umn 2, write "0" in	column 3.		OTAL		OR	TOTAL			
::	"If the "Highest N	umber Previously	Paid For IN TH	IS SPACE is less	than 20, enter "20." than 3, enter "3."				4	ADDIT. FEE			
	The "Highest Nu	mber Previously P	aid for (fotal o	r independent) is	the highest number		a 14 (2)	hhichiigie o	/A III Ç	owitt t.			